

SAY Soccer Troy
Player Registration (2014 Grades 3-8)

PLAYER

INFORMATION

Player Name	First Name	Last Name	Date of Birth	MM/DD/YYYY			
Address:							
City:							
Grade in September 2014:	3	4	5	6	7	8	Approximate Shirt Size: YM/ YL/ AS/ AM/ AL/ AXL

PARENT/ GUARDIAN INFORMATION

Circle One: Father/Mother/Guardian	Name	Circle One: Father/Mother/Guardian	Name
Primary Phone:	Secondary Phone:	Primary Phone:	Secondary Phone:

Email:

Email:

MEDICAL RELEASE & HOLD HARMLESS

NO CHILD WILL BE ALLOWED TO PRACTICE OR PARTICIPATE IN S.A.Y SOCCER UNTIL A SIGNED MEDICAL WAIVER AND RELEASE IS IN THE POSSESSION OF S.A.Y. SOCCER TROY OR ITS AUTHORIZED REPRESENTATIVE.

PRIMARY PERSON

Name	Relationship	Phone
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SECONDARY PERSON

Name	Relationship	Phone
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IN THE EVENT OF REASONABLE ATTEMPTS TO CONTACT ME OR OTHER SPECIFIED PERSONS IN CASE OF AN EMERGENCY HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR:

1. THE ADMINISTRATION OF ANY TREATMENT DEEMED BY DR. _____ (PHYSICIAN) OR DR. _____ (DENTIST)
2. IN THE EVENT THE PREFERRED PHYSICIAN AND/OR DENTIST ARE UNAVAILABLE, ANY TREATMENT DEEMED NECESSARY BY ANY OTHER AVAILABLE LICENSED PHYSICIAN OR DENTIST IS ACCEPTABLE.
3. THE TRANSFER OF MY CHILD TO _____ (HOSPITAL) OR ANY OTHER HOSPITAL REASONABLY ACCESSIBLE.

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

FEE & REFUND POLICY (CHECKS PAYABLE TO SAY SOCCER TROY)

A \$20.00 charge will be assessed after 6/14/14 for registering late. (\$40 family max)
First Player Registration (\$45.00) _____
Additional Player(s) (\$30.00) _____
Total Amount Included: _____

Requests for refunds must be in writing to S.A.Y Soccer Troy and sent to the Treasurer at the mailing address below. Include the name of the child, date of birth, name of person to who the refund check should be issued and state the reason for the refund. Refunds requested after July 30 will be subject to and in accordance with current Board policy.

OPPORTUNITIES:

S.A.Y. Soccer Troy is an all volunteer organization. Your support as a parent or guardian is required in order for the program to serve your child. Please consider serving in one of these capacities.

PAID POSITION: Referee _____
VOLUNTEER POSITIONS: Coach _____ Assistant Coach _____
SAY Soccer Troy Board _____ Scheduling _____ Registration _____

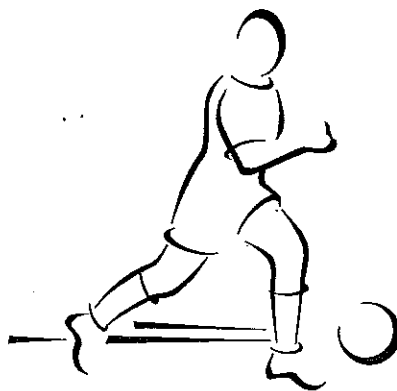
Sponsor a Team (\$200) _____
Number of past years experience (if any):
____ REC Soccer ____ SAY Soccer ____ Select Soccer

Unacceptable Behavior:

Any behavior that does not deem to be appropriate will not be tolerated. ALL UNTOLERATED BEHAVIOR will be handled with a first warning. Any circumstance that arises will be presented before the Troy SAY Soccer Board and documented for the given season. A second offense of unacceptable behavior during the course of the season will then cause that player to forfeit the soccer season with no refund given, no exceptions.

Office Use Only:
Striker/Kicker _____
Receipt Number/ Check Number _____

Date ____/____/____



Interested in having a good time playing soccer this fall?

If you are in grades 3-8 in the fall of 2014 then you can register to play SAY Soccer.
(Coed League is available for participants with birthdates between August 1, 1995 through July 31, 2000)
Just fill out the form on the back of this page and mail it to the address indicated below.
Registration is open through June 14, 2014. (Late Registration subject to team availability)

Have questions? Call Eric Flory at 609-9283.

SAY is an all participation organization.

We have the following expectations about our players:

- Player is to attend all scheduled events
- Player/Parent/Guardian is to notify coach of any illness or of a planned event that will require Player to miss a schedule event
- All unacceptable behavior will be reviewed by the Troy SAY Board

**PLEASE HANDLE ANY OF THE ABOVE CONCERNS
WITH A COURTESY CALL TO YOUR COACH!!**

*Please mail forms to:
SAY Soccer Troy
P.O. Box 372
Troy, Ohio 45373*

Let's Play Soccer!